

# Clinical Oversight Review Board (CORB) Criteria for Prescribing Trastuzumab-strf (Hercessi), Trastuzumab-dkst (Ogivri), Trastuzumab (Herceptin), trastuzumab-anns (Kanjinti), trastuzumab-qyyp (Trazimera), Trastuzumab-pkrb (Herzuma), trastuzumab-dttb (Ontruzant)

## Notes:

- \* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

**Formulary status Trastuzumab-strf (Hercessi)** requires a clinical review.

Appropriateness of therapy will be based on the following criteria:

### Initiation (new start) criteria:

- Prescribed by Oncology/Hematology provider
- Patients have a diagnosis of HER2 positive breast cancer -OR- HER2 positive gastric/GEJ cancer

**Non-formulary status trastuzumab-dkst (Ogivri)** requires a clinical review.

Appropriateness of therapy will be based on the following criteria:

### Initiation (new start) criteria:

- Prescribed by Oncology/Hematology provider
- Patients have a diagnosis of HER2 positive breast cancer -OR- HER2 positive gastric/GEJ cancer
- Patient has failed an adequate trial^ of trastuzumab-strf (Hercessi) or patient has an allergy or intolerance\* to of trastuzumab-strf (Hercessi)

**Non-formulary status trastuzumab (Herceptin), trastuzumab-anns (Kanjinti), trastuzumab-qyyp (Trazimera), trastuzumab-pkrb (Herzuma), trastuzumab-dttb (Ontruzant)** require a clinical review. Appropriateness of therapy will be based on the following criteria:

### Initiation (new start) criteria:

- Prescribed by Oncology/Hematology provider
- Patients have a diagnosis of HER2 positive breast cancer -OR- HER2 positive gastric/GEJ cancer
- Patient has failed an adequate trial^ of trastuzumab-strf (Hercessi) -AND- trastuzumab-dkst (Ogivri) or patient has an allergy or intolerance\* to trastuzumab-strf (Hercessi) -AND- trastuzumab-dkst (Ogivri)

**Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously:**

# Clinical Oversight Review Board (CORB) Criteria for Prescribing Trastuzumab-strf (Hercessi), Trastuzumab-dkst (Ogivri), Trastuzumab (Herceptin), trastuzumab-anns (Kanjinti), trastuzumab-qyyp (Trazimera), Trastuzumab-pkrb (Herzuma), trastuzumab-dttb (Ontruzant)

**Formulary status Trastuzumab-strf (Hercessi) requires a clinical review.**  
**Appropriateness of therapy will be based on the following criteria:**

Initiation (new start) criteria:

- Prescribed by Oncology/Hematology provider
- Patients have a diagnosis of HER2 positive breast cancer -OR- HER2 positive gastric/GEJ cancer

**Non-formulary status trastuzumab-dkst (Ogivri) requires a clinical review.**  
**Appropriateness of therapy will be based on the following criteria:**

Initiation (new start) criteria:

- Prescribed by Oncology/Hematology provider
- Patients have a diagnosis of HER2 positive breast cancer -OR- HER2 positive gastric/GEJ cancer
- Patient has failed an adequate trial^ of trastuzumab-strf (Hercessi) or patient has an allergy or intolerance\* to of trastuzumab-strf (Hercessi)

**Non-formulary status trastuzumab (Herceptin), trastuzumab-anns (Kanjinti),  
trastuzumab-qyyp (Trazimera), trastuzumab-pkrb (Herzuma), trastuzumab-dttb  
(Ontruzant) require a clinical review. Appropriateness of therapy will be based on the  
following criteria:**

Initiation (new start) criteria:

- Prescribed by Oncology/Hematology provider
- Patients have a diagnosis of HER2 positive breast cancer -OR- HER2 positive gastric/GEJ cancer
- Patient has failed an adequate trial^ of trastuzumab-strf (Hercessi) -AND-  
trastuzumab-dkst (Ogivri) or patient has an allergy or intolerance\* to trastuzumab-strf  
(Hercessi) -AND- trastuzumab-dkst (Ogivri)

# Clinical Oversight Review Board (CORB) Criteria for Prescribing Trastuzumab-strf (Hercessi), Trastuzumab-dkst (Ogivri), Trastuzumab (Herceptin), trastuzumab-anns (Kanjinti), trastuzumab-qyyp (Trazimera), Trastuzumab-pkrb (Herzuma), trastuzumab-dttb (Ontruzant)

**Criteria for *new members* entering Kaiser Permanente already taking the medication who have not been reviewed previously:**

**Formulary status Trastuzumab-strf (Hercessi) requires a clinical review. Appropriateness of therapy will be based on the following criteria:**

- Prescribed by Oncology/Hematology provider
- Patients have a diagnosis of HER2 positive breast cancer -OR- HER2 positive gastric/GEJ cancer

**Non-formulary status trastuzumab-dkst (Ogivri) requires a clinical review. Appropriateness of therapy will be based on the following criteria:**

- Prescribed by Oncology/Hematology provider
- Patients have a diagnosis of HER2 positive breast cancer -OR- HER2 positive gastric/GEJ cancer
- Patient has failed an adequate trial^ of trastuzumab-strf (Hercessi) or patient has an allergy or intolerance\* to of trastuzumab-strf (Hercessi)

**Non-formulary status trastuzumab (Herceptin), trastuzumab-anns (Kanjinti), trastuzumab-qyyp (Trazimera), trastuzumab-pkrb (Herzuma), trastuzumab-dttb (Ontruzant) require a clinical review. Appropriateness of therapy will be based on the following criteria:**

- Prescribed by Oncology/Hematology provider
- Patients have a diagnosis of HER2 positive breast cancer -OR- HER2 positive gastric/GEJ cancer
- Patient has failed an adequate trial^ of trastuzumab-strf (Hercessi) -AND- trastuzumab-dkst (Ogivri) or patient has an allergy or intolerance\* to trastuzumab-strf (Hercessi) -AND- trastuzumab-dkst (Ogivri)